



Burns Paiute Tribe Enrollment Application

DATE ISSUED: _____

DATE RECEIVED: _____

The above is for Official Use Only

ALL QUESTIONS IN THIS APPLICATION MUST BE ANSWERED.

APPLICANT INFORMATION		
1. Full Name (Include Maiden Name)		2. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
3. Street Address:		4. County:
5. City, State, Zip Code		
6. Date of Birth (mm/dd/yyyy):	7. Place of Birth:(city, state, county)	
8. Social Security No.:	9. Home Phone:	10. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you currently a registered member of an other Tribe, Band or Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Please list the name(s) of the Indian Tribe, Band you are : enrolled member of:	
13. What Name, Relationship of the Burns Paiute Tribal Member through whom eligibility is claimed?		

MOTHER OF APPLICANT INFORMATION		
1. Full Name of Biological Mother: (Include Maiden Name)		
2. Street Address:		3. County:
4. City, State, Zip Code		
5. Date of Birth:(mm/dd/yyyy)	6. Place of Birth:(city,state,county)	7. Married at Birth of Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Social Security No.:	9. Home Phone:	10. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is/was the applicants mother a enrolled member of an Indian Tribe, Band, or Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Please list the names of the Indian Tribe, Band, or Nation she is an enrolled member of:	

FATHER OF APPLICANT INFORMATION		
1. Full Name of Biological Father:		
2. Street Address:		3. County:
4. City, State, Zip Code		
5. Date of Birth:(mm/dd/yyyy)	6. Place of Birth:(city,state,county)	7. Married at Birth of Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Social Security No.:	9. Home Phone: ()	10. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is/was the applicants father a enrolled member of an Indian Tribe, Band, or Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Please list the names of the Indian Tribe, Band, or Nation he is an enrolled member of:	

Eligibility Requirements

To be eligible for enrollment in the Burns Paiute Indian Tribe, an applicant must meet the either of the following requirements:

- a. Be named on the official census roll of January 1, 1940; provided that roll may be corrected by the General Council of the Tribe subject to approval by the Secretary of Interior; or
- b. All lineal descendants of a persons who qualify for membership under subsection 1(a) above provided, that such descendants possess the blood quantum of one-eighth (1/8) Indian blood and be a descendant of the Burns Paiute 1940 roll.

CERTIFICATION

I certify that all the information submitted in this application for enrollment is complete and accurate to the best of my knowledge. I further understand that if any information in this application is found to be false that the provisions of each Section 1001, Title 18, USC provide for a fine not more than \$10,000 or imprisonment for not more than five years, or both for making false or fraudulent statements in connection with any matter within the jurisdiction of any agency department of the United States.

(check which applies)

Applicant is: self minor child natural child adopted child mentally incompetent other
If other please specify: _____

Signature of Applicant (if applicant is a legal adult)

Date

Signature of Parent, Legal Guardian, Sponsor (if applicant is a minor child)

Date

Relationship to Applicant: _____

Attachments

Application will not be considered complete without the following documents.
Incomplete application will be returned.

**Family History Tree

**Applicant's Birth Certificate - Original - (A copy will be made and original sent back).

**Marriage License/Divorce papers (if name is now different than on birth certificate)

**Appropriate documents if applicant has been adopted.

**Social Security Card - Original (a copy will be made and original sent back)

Return Application To:

Burns Paiute Tribe
Enrollment Committee
Attn: Beverly Beers
100 Pasigo Street
Burns, OR 97720
Phone: (541) 573-8016
Fax: (541) 573-2323

OFFICIAL USE ONLY

Date Application Received: _____

Initials: _____

Date application approved: _____

Initials: _____

Degree of Blood: _____

Issued Enrollment No.: _____

File Date: _____

By Who: _____

FAMILY HISTORY

= Burns Paiute Tribe blood
= Tribe roll #
° = Degree / Other Indian

BURNS PAIUTE TRIBE

FATHER _____ BPT
Roll#: _____
Degree/Tribe: _____

GRANDFATHER _____ BPT
Roll#: _____
Degree/Tribe: _____

GRANDMOTHER _____ BPT
Roll#: _____
Degree/Tribe: _____

GREAT GRANDFATHER
Roll#: _____
Degree/Tribe: _____

GREAT GRANDMOTHER
Roll#: _____
Degree/Tribe: _____

GREAT GRANDFATHER
Roll#: _____
Degree/Tribe: _____

GREAT GRANDMOTHER
Roll#: _____
Degree/Tribe: _____

APPLICANT
Burns Paiute Blood

GRANDFATHER _____ BPT
Roll#: _____
Degree/Tribe: _____

GRANDMOTHER _____ BPT
Roll#: _____
Degree/Tribe: _____

GREAT GRANDFATHER
Roll#: _____
Degree/Tribe: _____

GREAT GRANDMOTHER
Roll#: _____
Degree/Tribe: _____

MOTHER _____ BPT
Roll#: _____
Degree/Tribe: _____

GREAT GRANDFATHER
Roll#: _____
Degree/Tribe: _____

GREAT GRANDMOTHER
Roll#: _____
Degree/Tribe: _____

Fill out this document completely for both sides of family.
If not Indian, please list nationality of parent.